



**Fairfax County Park Authority**  
**Pick Up Authorization & Child Identity Verification**

**Child's Name:** \_\_\_\_\_

**Camps Child is Enrolled in:** \_\_\_\_\_

The following people are authorized to pick up my child from the FCPA program. I understand my child will be allowed to leave with these individuals only. Photo identification will be asked at sign out. (please include yourself)

Authorized Person's Name (please print)	Relationship to Child	Phone Number

**Name of persons NOT allowed to pick up my child:** \_\_\_\_\_

Date	Day	Time In	Initials	Time Out	Initials
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHILD IDENTITY VERIFICATION/PROOF OF CHILD'S IDENTITY**

(required by VA law for licensed programs)

PLEASE DO NOT SEND IN ORIGINAL OR COPIES OF BIRTH CERTIFICATES!  
SHOW IDENTIFICATION PROOF ON THE FIRST DAY OF CAMP.

Proof of child's identity and age may include any of these: original birth certificate, passport, adoption/foster placement agreement, birth registration card, public school report card.

\_\_\_\_\_FCPA USE\_\_\_\_\_

PROGRAM STAFF COMPLETE THIS SECTION:

For Birth Certificates:

Place of Birth	Date of Birth	Certificate Number	FCPA Staff Name

For Other Forms of Proof:

Type of Proof	Date Issued/Special Numbers	FCPA Staff Name